

# **EXHIBIT 5**



**Carnation**  
Ambulatory Monitor™



Diagnostic accuracy:  
Context and  
confidence through  
clear P-wave  
detection<sup>1-3</sup>



 **BardyDx**®



# Carnation Ambulatory Monitor

by Bardy Diagnostics

Designed to be placed along the sternum — over the heart — to optimize P-wave signal capture, the **CAM** Patch results in improved ECG clarity, providing more information about heart rhythm that may lead to more clinically-actionable diagnoses compared to leading ECG monitors in the industry. Its unique form factor is designed with comfort and satisfaction in mind, with the aim of improving patient compliance.<sup>1-4</sup>

Event button to mark the continuous recording of patient symptoms

Proprietary circuit design enabling optimal signal-to-noise

Lightweight and low-profile design

Slim hourglass shape

Durable long-term adhesive suitable for sensitive skin



*Image represents actual size of Carnation Ambulatory Monitor*

## Comfort for the Patient<sup>1</sup>

### Designed to Improve Patient Compliance<sup>2</sup>



Compact &  
Discreet



Wire-Free &  
Easy-to-Use

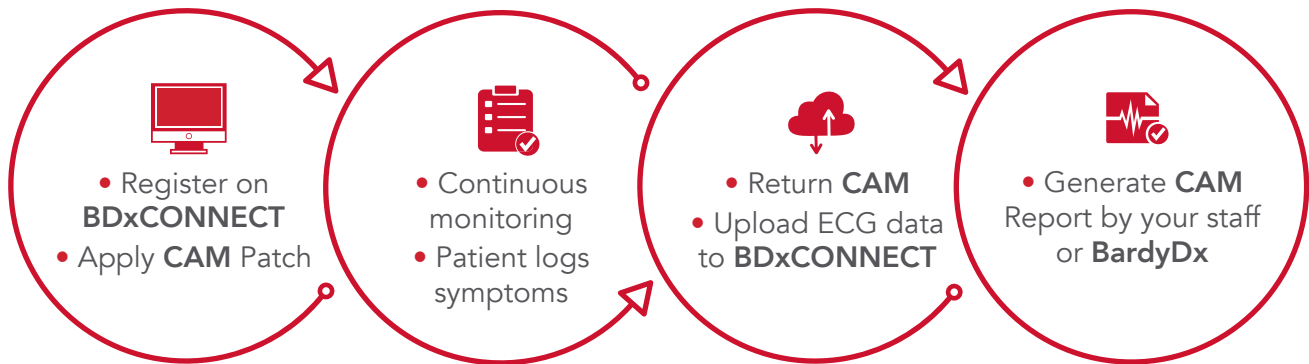


Water  
Resistant

**96%**  
OF PATIENTS

Prefer wearing the lightweight and compact **CAM** Patch compared to a 3-lead standard Holter.<sup>1</sup>

## Customizable Workflow to Fit the Needs of Your Practice<sup>1</sup>



## Increased Efficiency and Streamlined Clinical Workflows Using our Easy-to-Use Patient Management Portal<sup>4</sup>



**CONNECT**



Fast Access to Reports by Direct Upload of Patient Data



Flexibility to do own Analysis or Utilize our Certified Techs



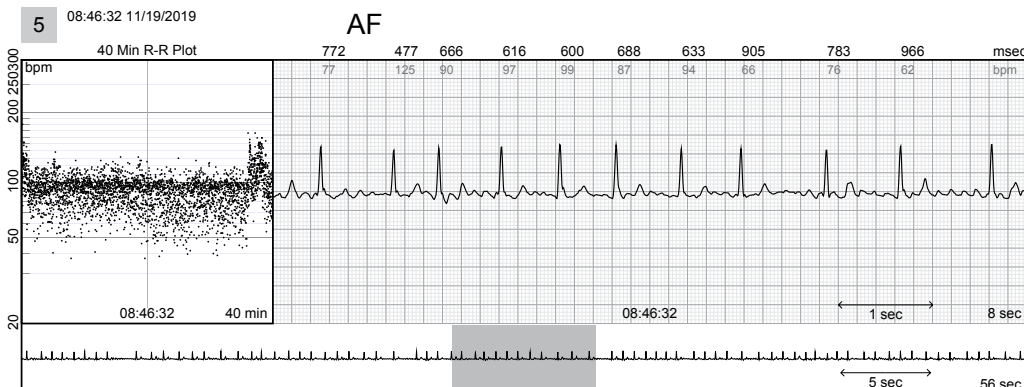
2-Day Report Turnaround



Secure Cloud-Based Network

## Clarity for the Physician<sup>2</sup>

### ECG Clarity That Improves Clinical Decision Making<sup>2-4</sup>



High Diagnostic Yield for Informed Diagnoses<sup>1-3</sup>



14 Days Extended Duration Monitoring



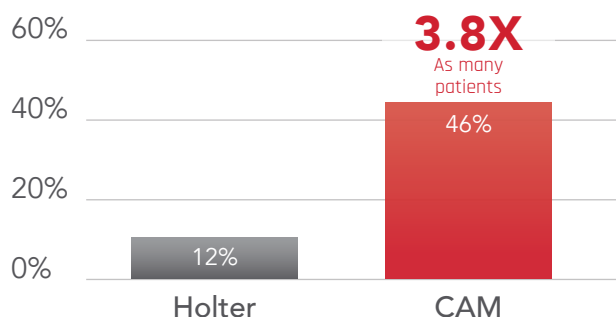
Proprietary Report Format Delivers Clarity and Context<sup>1</sup>

# Clinically-actionable data for confident decisions and prioritization of care<sup>1,2</sup>

## Greater Impact on Clinical Decision Making<sup>2</sup>

### CAM vs Holter Clinical Study

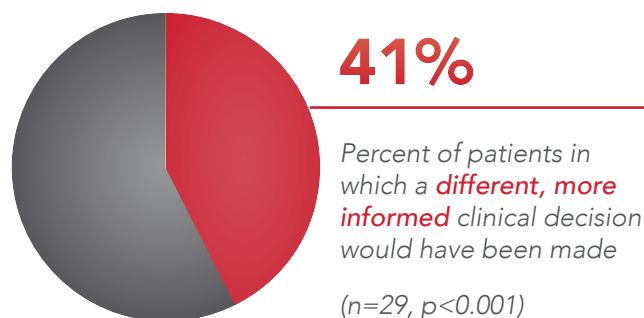
The **CAM** Patch yielded clinically significant information that either altered patient management and/or prevented the need for intervention in **3.8 times** as many patients than the Holter.<sup>1</sup>



Number of Patients with Clinically Significant Arrhythmia (n=50, p<0.001)

### CAM vs Zio<sup>®</sup> Clinical Study

Based on physician reviewer interpretations of each **CAM** and Zio<sup>®</sup> XT report, a different, more informed clinical decision would have been made in **12 of 29 (41%)** patients based on the **CAM** ECG Report.<sup>2</sup>



## More Arrhythmias Diagnosed

IDENTIFIED  
**34%  
MORE**

Arrhythmias missed or misidentified by patients wearing a Holter<sup>1</sup>

IDENTIFIED  
**40%  
MORE**

Total arrhythmias as compared to the Zio<sup>®</sup> XT patch<sup>2</sup>

The Carnation Ambulatory Monitor is intended for ambulatory collection of ECG data. **Rx only.**  
For safe and proper use of the products mentioned herein, please refer to the Instructions for Use.

1. Smith W, et al. Comparison of diagnostic value using a small single channel, P-wave centric sternal ECG monitoring patch with a standard 3-lead Holter system over 24 hours. *American Heart Journal*. 2016.
2. Rho R, Vossler M, Blancher S, Poole JE. Comparison of two ambulatory patch ECG monitors: The benefit of the P-wave and signal clarity. *American Heart Journal*. 2018.
3. Willcox ME, Compton SJ, Bardy GH. Continuous ECG monitoring versus mobile telemetry: A comparison of arrhythmia diagnostics in human- versus algorithmic dependent systems. *Heart Rhythm O2*. 2021 Oct 2;2(6Part A):543-559. doi: 10.1016/j.hroo.2021.09.008. PMID: 34988499; PMCID: PMC8703156.
4. Yabut, Marie. "Accelerating proper evaluation of emergency department patients for arrhythmia concerns with discharge use of ECG Patch Monitors." *Heart Rhythm Society*, vol. 18, no. 8, 2021, <https://doi.org/doi.org/10.1016/j.hrthm.2021.06.183>.

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